PETITION FOR EXTENSION OF TIME **UNDER 37 CFR 1.136(a)**

FY 2009

Docket Number

Q107168

Confirmation Number

1999 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Filing Date 10/581,413 June 23, 2006 Application Number MEDICAMENT COMPRISING RECOMBINANT ANTIBODY AGAINST CHEMOKINE RECEPTOR CCR4 For Art Unit 1644 **Examiner Name** Sharon X. WEN This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee One month (37 CFR 1.17(a)(1)) \$130.00 \$65.00 Two month (37 CFR 1.17(a)(2)) \$245.00 \$490.00 $\sqrt{}$ Three month (37 CFR 1.17(a)(3)) \$1110.00 \$555.00 \$1,110.00 Four month (37 CFR 1.17(a)(4)) \$1730.00 \$865.00 Five month (37 CFR 1.17(a)(5)) \$2350.00 \$1175.00 **Previous Payment Amount Date Submitted** Applicant claims small entity status. See 37 CFR 1.27 A check in the amount of the fee is enclosed. $\overline{\mathbf{V}}$ Payment by credit card. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee, or $\overline{\mathbf{V}}$ credit any overpayment, to Deposit Account Number 19-4880. I am the applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). $\overline{\mathbf{V}}$ attorney or agent of record. Registration Number 59,392 attorney or agent under 37 CFR 1.34. П Registration number if acting under 37 CFR 1.34 WASHINGTON DC SUGHRUE/265550 65565 CUSTOMER NUMBER /Tu A. Phan/ October 14, 2010 Signature Date Tu A. Phan, Ph.D. (202) 293-7060 Typed or printed name Telephone Number Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

1

 \checkmark

Total of

form is submitted.